


ARTICLE

Support processes in same- and mixed-sex relationships: Type and source matters

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Research has established that social support for relationships is an important predictor of well-being. However, the underlying assumption that social support specifically for relationships is a separate construct from general social support has not been properly tested empirically, nor has the question of whether support processes vary by source (friends vs. family). The current study ($N = 1,281$) used confirmatory factor analysis and structural equation modeling to address these issues. Support was found for a theoretical model in which social support specifically for relationships predicts relationship well-being and, in turn, mental and physical health, even while controlling for general social support. Somewhat different patterns were found by source of support (family vs. friends) and by relationship type (same sex vs. mixed sex).

KEYWORDS

domain specificity, mental health, physical health, same-sex relationships, social network support, social support for relationships

1 | INTRODUCTION

It has been well established that social network support for a relationship is an important predictor of key outcomes. Meta-analyses show that social network approval/disapproval of a relationship consistently emerges as a moderately strong predictor of relationship well-being (Sinclair, Hood, & Wright, 2014) and relationship dissolution (Le, Dove, Agnew, Korn, & Mutso, 2010). Although relevant research is scarcer, social network approval also emerges as a predictor of better psychological and physical well-being (Blair & Holmberg, 2008; Holmberg & Blair, 2016; Lehmler, 2012). These findings apply across cultures (MacDonald, Marshall, Gere, Shimotomai, & Lies, 2012) and to both same-sex and mixed-sex relationships (Blair & Holmberg, 2008; Holmberg & Blair, 2016).

Several theoretical explanations have been proposed as to why having social network members approve of a relationship might predict better outcomes. Having important others approve of the relationship is thought to help members foster an identity as a couple, to reduce subjective uncertainty about the relationship's future, and to increase barriers to relationship exit. These relational benefits can potentially help foster a more satisfying relationship for the couple (see Sprecher & Felmlee, 1992, for a more detailed theoretical overview), which in turn has been shown to predict better psychological (e.g., Horowitz, McLaughlin, & White, 1998) and physical well-being (e.g., Kiecolt-Glaser & Newton, 2001). In addition, social network disapproval may potentially function as a stressor (Lehmiller, 2012), and of course, stress predicts worse mental and physical health (Pascoe & Smart Richman, 2009).

These theoretical explanations are certainly highly plausible; however, there is another, arguably much simpler, explanation that surprisingly seems never to have been well tested. Perhaps support for the relationship is simply one manifestation of more general social support; in other words, social network members who approve of and support the relationship may simply be more approving, supportive people in general. Having a generally supportive social network has been shown to be a strong predictor of a wide variety of well-being outcomes (Bertera, 2005; Uchino, 2004). Support from family and friends has been linked to lower levels of depression and anxiety (Bertera, 2005), higher self-esteem (Pierce, Sarason, & Sarason, 1992), better sleep quality (Bertera, 2005), more robust immunological functioning (Uchino, Cacioppo, & Kiecolt-Glaser, 1996), and increased longevity (Billings & Moos, 1982). Can support *specifically for* the relationship tell us anything meaningful about well-being outcomes over and above a more general sense of social support? As relationships researchers, we strongly suspect that the answer to this question will be “yes,” that support for the relationship, although somewhat overlapping with general social support, will be a distinct construct and an important predictor of well-being even once general social support has been controlled. Still, the issue deserves careful empirical consideration, which it has not yet received.

To our knowledge, only one study has even touched on this issue. Blair and Holmberg (2008) conducted an online study of 458 individuals, approximately half in mixed-sex and half in same-sex romantic relationships. They tested a theoretical model in which perceived social network support for a relationship predicted relationship well-being, which, in turn, predicted mental and physical health (see solid lines in Figure 1). They included a model that controlled for general social support; however, it used an unvalidated post hoc measure of general support. In addition, because they only covaried out the effects of general social support, Blair and Holmberg could not examine the strength of the unique predictive effects of general social support versus support for relationships, nor could they explore whether the two constructs might work differently when support comes from family versus friends or when support is offered for same-sex versus mixed-sex relationships. We will address these issues in the current study.

Our primary goal in the current study, then, is to assess whether support for the relationship is a distinct and important predictor of key outcome measures (relationship well-being, mental health, physical health), even when a measure of more general social support is included in the model (see Figure 1). We predict that the two support constructs, although partially overlapping, will emerge as empirically distinct when using confirmatory factor analysis (CFA; Hypothesis 1) and that each will account for unique variance in well-being outcomes when controlling for the other (Hypothesis 2). We expect that support specifically for the relationship, being the more specific construct, will be a stronger predictor of relationship well-being than more general support measures when both are tested simultaneously (Hypothesis 3). We will also explore the relative predictive power of the two

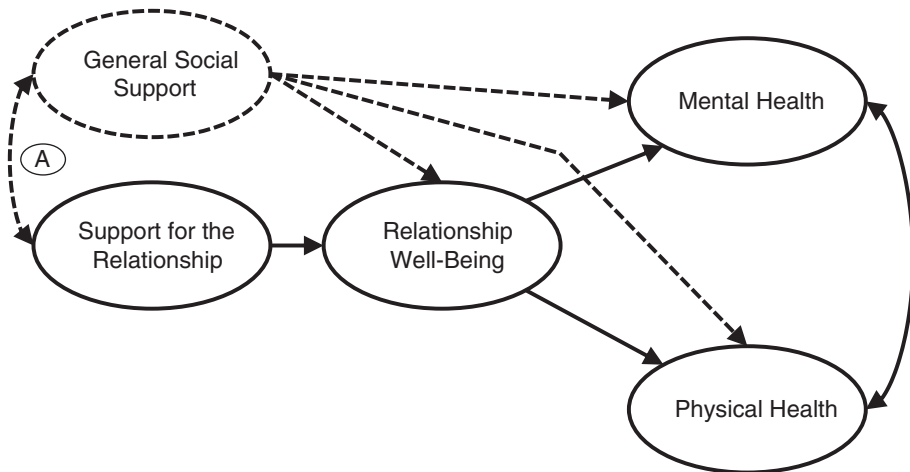


FIGURE 1 Theoretical structural models

Note. Paths with solid lines are a replication of the Blair and Holmberg (2008) model. Paths with dotted lines add general social support as a control variable. Path A is expected to be stronger for those in same-sex relationships than those in mixed-sex relationships

support constructs when predicting mental and physical health but offer no firm hypotheses (Research Question 1).

Our second major goal in this study is to assess whether support for the relationship from family members can and should be meaningfully separated from support for the relationship from friends. Many studies have combined items assessing support from these two groups into a single measure, assessing support from the social network as a whole (e.g., Lehmiller & Agnew, 2007; Sprecher & Felmlee, 1992). Other studies (e.g., Felmlee, 2001) have created separate measures of support for the relationship from family versus friends but did not use techniques such as CFA to show that the two measures were, in fact, empirically distinct. Thus, our study will address a gap in the literature by using CFA to test whether support for the relationship from family versus from friends is best conceptualized as a single overarching construct or as two separate constructs. We hypothesize that, although correlated, there will be separable constructs for family versus friend relationship support (Hypothesis 4).

If there are in fact two separate constructs, we can also assess which, if either, is a stronger predictor of well-being outcomes. Previous research is mixed here, with some researchers finding stronger associations with well-being outcomes when support comes from family (e.g., Bryan, Fitzpatrick, Crawford, & Fischer, 2001), some from friends (e.g., Etcheverry & Agnew, 2004), and some finding no difference (e.g., Sinclair et al., 2014). Given the mixed findings in previous research, we will explore the issue as a research question (Research Question 2) but make no firm hypotheses as to which group's support will be the stronger predictor of well-being.

Our third and final goal in the current study is to assess whether the associations between support constructs and well-being outcomes are similar or different in same-sex versus mixed-sex couples. Blair and Holmberg (2008) tested the mediational model shown in solid lines in Figure 1. Support for the relationship predicted relationship well-being, which in turn predicted mental and physical health, with relationship well-being fully mediating the association between support for the relationship and the health outcomes. The model worked equally well for both those in mixed-sex and same-sex relationships. We hypothesize that we will replicate these findings with a new and larger sample (Hypothesis 5).

We will also extend Blair and Holmberg's (2008) study by distinguishing between friend and family support, and between general support and support specifically for the relationship. Our work is primarily exploratory as there is almost no previous work to build on. We hypothesize that the association between perceptions of general social support and perceptions of support for the romantic relationship (Path A in Figure 1) will be stronger for those in same-sex relationships than for those in mixed-sex relationships (Hypothesis 6). For those in same-sex relationships, perceived support for their relationship is strongly tied to perceived support for their sexual orientation (Holmberg & Blair, 2016), which is often a core aspect of their overall personal identity (Young & Meyer, 2005). Support (or lack of support) for their relationship may, therefore, be viewed as reflecting more general support (or a lack of support) for them as individuals.

Beyond this hypothesis, our work comparing those in mixed-sex and same-sex relationships remains primarily exploratory. There is some suggestion in the literature that the association between support for the relationship and relationship well-being may be weaker for those in same-sex relationships than for those in mixed-sex relationships (e.g., Holmberg & Blair, 2016; Kurdek, 2008a, 2008b), but these findings are by no means consistent (cf. Lehmler, 2012; Lehmler & Agnew, 2007). There is fairly solid evidence that those in same-sex relationships experience lower levels of average support from their family than from their friends (Blair & Pukall, 2015; Holmberg & Blair, 2016; Kurdek, 2004, 2006), and so, they might be expected to downplay the opinions of disapproving family members. Likewise, the concept of "chosen families" (Dewaele, Cox, Van den Berghe, & Vincke, 2011) suggests that those in same-sex relationships might emphasize the opinions of their close friends more than their family members. However, the very limited previous research suggests that, in fact, the strength of association between relationship support and well-being might be similar whether the support comes from friends or family (Blair & Holmberg, 2008; Holmberg & Blair, 2016), so again, it is difficult to make firm hypotheses. Thus, our final research question (Research Question 3) asks whether the patterns of association between support constructs and well-being outcomes will vary depending on whether the relationship in question is same sex or mixed sex.

To summarize, we will assess whether general support and support for the relationships are separable constructs, an issue that has never been addressed in the literature. We will also assess whether support for the relationship from social network members is best understood as a single unitary construct or as two constructs, support from family and support from friends. We will then test to see whether these support variables predict relationship well-being, which in turn predicts physical and mental health, and whether that model might vary depending on whether the relationship is mixed sex versus same sex.

An overview of our hypotheses and research questions is provided below:

Hypothesis 1 *General social support and social support for relationships emerge as empirically distinct constructs when assessed using confirmatory factor analysis.*

Hypothesis 2 *General social support and social support for relationships account for unique variance in well-being outcomes when controlling for the other.*

Hypothesis 3 *Social support for relationships is a stronger predictor of relationship well-being than general social support, when both are tested simultaneously.*

Hypothesis 4 *Social support for relationships from family is a separate construct from social support for relationships from friends.*

Hypothesis 5 *Relationship well-being fully mediates the association between support for the relationship and the measures of mental and physical health for individuals in both same-sex and mixed-sex relationships.*

Hypothesis 6 *The association between perceptions of general social support and perceptions of support for the romantic relationship (Path A in Figure 1) are stronger for those in same-sex relationships than for those in mixed-sex relationships.*

Research Question 1 *What is the relative power of general social support versus social support for relationships in predicting mental and physical health?*

Research Question 2 *Of social support for relationships from friends versus family members, which is a stronger predictor of well-being outcomes?*

Research Question 3 *Do the patterns of association between the two support constructs and the well-being outcomes (relationship, mental, and physical health) vary as a function of relationship type (same sex vs. mixed sex)?*

2 | METHOD

2.1 | Participants and procedures

All parts of the study were reviewed and approved in advance by the Research Ethics Board of Queen's University. Participants were recruited to participate in an online study of "Contemporary Relationship Experiences" through a variety of methods, including online and social media advertisements, ads in relevant periodicals such as *OUT* and *Curve*, posters sent to conferences and events such as Pride, and snowballing methods.

All recruitment material directed potential participants to the study's website, where they read a description of the study and completed a screening survey. Participants who met the current study's criteria (i.e., able to complete surveys in English, 18 years or older, currently in a romantic relationship) completed a variety of measures, including the ones in the current study. Participants completed measures at their own pace and in their own preferred order. Each questionnaire completed earned them participation points for a variety of prize draws.

A total of 1,385 participants were eligible for the current study and completed the relevant questionnaires. Because participants were encouraged to invite their partners to participate in the study for additional dyadic analyses not reported here, it was necessary to remove one member of each couple in order to maintain statistical independence of the data. Partners were randomly labeled as either Partner A or Partner B, and all "Partner Bs" ($n = 104$) were excluded from the data set.

Of the remaining 1,281 participants, 525 identified as straight (26.8%), 335 as gay (26.8%), 266 as lesbian (21.3%), 87 as bisexual (7%, evenly split between same-sex and mixed-sex relationships), and the rest as queer, pansexual, or unlabeled. As the current study focused on relationship type (same sex or mixed sex), the gender composition of the relationship was used to determine which group a participant would be placed in, rather than relying solely on sexual orientation or identity, which does not always accurately describe a person's current relationship. Participants were relatively evenly split between individuals currently in mixed-sex ($N = 669$; 52.2%) and same-sex ($N = 609$; 47.5%) relationships. The relationship type of 3 participants could not be classified (i.e., they reported currently being in relationship[s] with both men and women). They were included in models using the full sample but were removed from the analyses comparing same-sex and mixed-sex relationships. More detailed demographics, broken down by relationship type, are presented in Table 1. Note that the groups differed significantly on many of the demographic variables; however,

TABLE 1 Sample demographics by relationship type

Demographic	Mixed sex	Same sex	Group comparisons
<i>n</i>	609	669	
Gender			
Women (including trans women)	426 (69.9%)	332 (49.6%)	$\chi^2 = 55.16, p < .001, V = .21$
Men (including trans men)	182 (29.8%)	337 (50.3%)	
Age			
Mean	26.12	33.32	$t = 13.79, p < .001, d = .76$
Range	18–58	18–79	
Relationship demographics			
Mean years together	3.3	5.1	$t = 5.66, p < .001, d = .33$
Living together	54%	73%	$\chi^2 = 52.88, p < .001, \Phi = .20$
Relationship stage			$\chi^2 = 11.87, p = .001, \Phi = .10$
Dating	61.7%	52.1%	
Engaged, married, or common-law	38.3%	47.9%	
Personal demographics			
Ethnicity			$\chi^2 = 17.52, p < .05, V = .12^a$
White	88.4%	88.7%	$\chi^2 = .05, p = .826, \Phi = .01^b$
Mixed race	3.3%	5.3%	
African American	1.2%	3.1%	
Asian	5.5%	1.8%	
Native American	1%	0.8%	
Geographic location			$\chi^2 = 544.42, p < .001, V = .65$
Canada	61.7%	10.9%	
United States	14.8%	79.5%	
Other	23.5%	9.6%	
Household income			$\chi^2(1) = 13.32, p < .001, \Phi = .11$
<\$5,999	58.9%	48%	
>\$6,000	41.1%	52%	
Education			$\chi^2(2) = 2.17, p = .34, V = .04$
High school or less	6.3%	8.2%	
Some postsecondary to university degree	86.2%	83%	
Postgraduate education	7.5%	8.8%	

Note. Three participants could not be categorized into same-sex or mixed-sex relationships. They were excluded from group analyses but included in full sample analyses.

^aComparing ethnicity with five categories, as shown.

^bComparing ethnicity with two categories (White vs. not White).

exploratory analyses indicated that the pattern of results reported here still held when these demographic differences were controlled for.

2.2 | Measures

Table 2 shows the means, standard deviations, reliabilities (Cronbach's alpha), and possible ranges for each measure in the study. As necessary, items were reverse scored so that higher numbers always indicated more of the construct in question, and they were then averaged.

TABLE 2 Descriptive statistics and Cronbach's alphas for all measures

Measure	Possible range	α	Full sample		Mixed-sex		Same-sex		t diff.	Cohen's d
			M	SD	M	SD	M	SD		
General supp. family	1–5	.85	3.72	1.05	3.86	1.02	3.59	1.05	4.68***	.26
General supp. friend	1–5	.93	3.95	0.99	3.91	1.00	3.99	0.99	–1.51	–.08
Parents' approval	1–5	.94 ^a	3.53	0.85	3.69	0.76	3.38	0.90	6.48***	.37
Parents' disapproval	1–5	.92 ^a	1.29	0.52	1.29	0.54	1.29	0.50	–.05	.00
Family, Sprecher	1–7	.74	5.56	1.28	5.98	1.08	5.18	1.32	11.86***	.66
Family, Lehmilller	0–8	.89	6.36	2.20	6.91	1.78	5.84	2.42	8.85***	.50
Friends' approval	1–5	.82	3.93	0.69	3.83	0.68	4.02	0.68	–4.75***	–.28
Friends' disapproval	1–5	.83	1.35	0.51	1.38	0.53	1.33	0.48	1.65	.10
Friends, Sprecher	1–7	.76	6.20	1.03	6.13	1.08	6.25	0.98	–2.00*	–.12
Friends, Lehmilller	0–8	.79	7.14	1.38	7.08	1.47	7.18	1.29	–1.24	–.07
DAS	0–147	.93	111.93	16.37	111.96	16.53	111.89	16.26	0.08	.00
Trust	1–7	.90	5.78	0.89	5.78	0.86	5.77	0.91	0.28	.01
RAS	1–7	.89	5.94	0.97	5.93	1.00	5.94	0.94	–0.25	–.01
CHIPS (R)	0–4	.93	3.37	0.56	3.36	0.58	3.38	0.54	–0.39	–.04
SF12 physical	0–100	.80	76.69	22.25	80.74	20.11	76.83	23.91	3.17**	.18
SF12 mental	0–100	.82	64.91	24.67	64.69	24.99	65.09	24.35	–0.28	–.02
STAI (R)	1–4	.94	3.06	0.59	3.02	0.60	3.10	0.58	–2.13*	–.14
Perceived stress (R)	0–4	.90	2.30	0.75	2.27	0.74	2.33	0.75	–1.43	–.08
CESD (R)	1–4	.93	3.24	0.61	3.22	0.61	3.25	0.60	–0.86	–.05

Note. CESD = Center for Epidemiological Studies Depression Scale; CHIPS = Cohen–Hoberman Inventory of Physical Symptoms; DAS = Dyadic Adjustment Scale; RAS = Relationship Assessment Scale; SF = short form; STAI = State–Trait Anxiety Inventory; supp. = Support.

^a These values represent average Cronbach's alphas across targets because participants could complete these measures for up to four of their own parents and up to four of their partner's parents. Scores for the eight parental figures were highly correlated (α across figures = .94 for both approval and disapproval), so summary scores were formed by averaging across all available parental figures.

* $p < .05$. ** $p < .01$. *** $p < .001$.

2.2.1 | General social support

The Multidimensional Scale of Perceived Social Support (MDSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) was used to assess a subjective sense of social support for the individual (e.g., “I can talk about my problems with my family”). The MDSPSS is broken into three subscales: support from family, friends, and a significant other. The significant other subscale was dropped for the current analysis, leaving two general social support scales, one from family and one from friends, each measured with four items.

2.2.2 | Perceived support for the relationship

Four scales were used to assess perceptions of social support for the participant's current relationship. Each scale was divided into subscales to represent perceived support from family and from friends. Two scales, assessing approval and disapproval of the relationship, were derived from the Behavior of Friends and Family measure, adapted from Leslie, Huston, and Johnson (1986) by Blair and Holmberg (2008). Each of these scales was divided into subscales for friends and family (specifically, parents). The approval scales included 9 items for parents and 6 items for friends, whereas disapproval scales included 10 items for parents and 8 items for friends. Participants were asked to indicate which of the listed behaviors their friends and parents had engaged in on a scale ranging from *never* to *frequently* (e.g., approving: “This person asks about my relationship or future plans with my partner”;

or disapproving: “This person talks about other people I could date”). Participants were asked to answer the “parents” questions for up to four parents or parental figures in order to allow for various familial configurations. Participants also answered the same items based on up to four of their partner's parents or parental figures. Averages across all parental figures reported on were used to form the parent measures.

Additional indicators of social support for the relationship from family and friends were derived from modified versions of Sprecher and Felmlee's (1992) Social Network Variables measure and Lehmiller and Agnew's (2007) Relationship Marginalization Scale. Both of these scales originally contained items assessing support for the relationship from family, friends, and others in general/society as a whole (e.g., “To what degree do you think your partner's parents disapprove/approve of your current relationship?”). For the current analyses, the items reflecting approval from society as a whole were not used. Some of the items from the Lehmiller scale were broken up into separate items (e.g., “My family and friends approve of my relationship” became two items, one for family and one for friends). For the Sprecher and Felmlee measure, items referring to family were subdivided into separate items for parents and siblings based on feedback from pilot participants.

The final measures for the current study consisted of two 2-item scales derived from the Lehmiller measure: one for family in general and one for friends in general; as well as two scales derived from the Sprecher measure: one 4-item scale assessing support from family (own parents, own siblings, partner's parents, partner's siblings) and one 2-item scale assessing support from friends (own and partner's).

2.2.3 | Relationship well-being

Subjective relationship well-being was assessed using three indicators: dyadic adjustment, satisfaction, and trust. Dyadic adjustment was measured with the Dyadic Adjustment Scale (DAS; Spanier, 1976), a 32-item scale (e.g., “How often do you and your partner quarrel?”). Due to a programming error, Item 23 (“Do you kiss your mate?”) of the DAS had an incorrect response scale and was dropped, resulting in a 31-item sum-scored scale. Satisfaction was measured with Hendrick's (1988) seven-item Relationship Assessment Scale (e.g., “How good is your relationship compared to most?”). Trust was assessed using a 17-item scale by Rempel, Holmes and Zanna (1985; e.g., “I can rely on my partner to react in a positive way when I expose my weaknesses to him/her”).

2.2.4 | Mental health

Mental health was measured with scales for depression, anxiety, stress, and general mental health. Depression was assessed using the Center for Epidemiological Studies Depression Scale (CESD; Radloff, 1977), a 20-item self-report scale designed for assessing depressive symptomatology in the general population. Anxiety was measured with the trait portion of the State–Trait Anxiety Inventory (STAI; Spielberger, 1983). Stress was measured with the 10-item Perceived Stress Scale (e.g., “In the last month, how often have you been upset because of something that happened unexpectedly?”; Cohen, Kamarck, & Mermelstein, 1983). The six-item mental health subscale of the RAND Short Form 12 (SF–12) Health survey (Ware, Kosinski, & Keller, 1996) was used to assess general mental health (e.g., “How often did you feel downhearted and blue?”). As per standard practice for these RAND items (Ware, Kosinski, & Keller, 1998), the responses to each item were first converted to a score from 0 to 100, before averaging across the items. Higher scores indicate better health.

2.2.5 | Physical health

Two scales, one assessing physical symptoms and one assessing general self-reported health, measured physical health. The Cohen–Hoberman Inventory of Physical Symptoms (CHIPS; Cohen & Hoberman, 1983) asks participants to rate how much 33 relatively minor physical symptoms (e.g., nausea, headache, cough) have “bothered or distressed” them over the past month. The scale was reverse scored so that higher scores indicated better health. The six-item Physical Health subscale of the RAND SF–12 Health Survey (Ware et al., 1996) was used to assess overall general self-reported health (e.g., “In general, your health is: Excellent, Very Good, Good, Fair or Poor”). The same pattern of scoring was used as described for the mental health subscale above.

3 | RESULTS

3.1 | Preliminary analyses

3.1.1 | Descriptive statistics

Overall, the sample reported high levels of support and well-being, with scores generally well above the scale midpoints and often nearing the highest (or most favorable) values of the scale (see Table 2). Independent samples *t* tests were used to compare the means across relationship type for each measure (see Table 2). Compared to those in mixed-sex relationships, those in same-sex relationships reported: less general support from their family but no less from friends, less support/approval for their relationship from family but equally frequent disapproving behaviors, more support/approval for their relationship from their friends (on two of the three measures) but equally frequent disapproving behaviors, and generally equal levels of relationship well-being, physical health, and mental health (except for somewhat lower physical health on one measure and slightly higher levels of anxiety).

3.1.2 | Correlations

Correlations among all measures are shown in Table 3, with those for individuals in same-sex relationships above the diagonal and those for individuals in mixed-sex relationships below the diagonal. With this sample size, almost all correlations are significant at $p < .001$. In general, the pattern of correlations seems to support the theoretical model, with correlations in the expected direction and relatively strong among the measures of each factor.

3.2 | Confirmatory factor analyses

A series of CFAs were run using Amos version 23.0 to test Hypothesis 1 (that support for relationships and general support would be separable constructs) and Hypothesis 4 (that support from family and friends would be separable constructs). First, a CFA was run with four support factors specified (see Table 4; note that the initial loading of the first item within each factor was set to 1 to allow for model identification). All latent variables were allowed to covary. For this and all subsequent models, good model fit was defined as having a comparative fit index (CFI) value greater than .90 and a root mean square error of approximation (RMSEA) value less than .10 (Byrne, 2006).

As can be seen in Table 4, the initial model showed a relatively good fit to the data. However, Item 4 of the MDPSS showed an unexpectedly low factor loading. Closer examination revealed that the words “from my family” had inadvertently been omitted from the text of this item. This item was therefore removed from the analysis, and the CFA was respecified. This adjusted model showed a

TABLE 3 Correlation matrix for all study variables by relationship type

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. GS F	—	0.38*	0.34*	-0.19*	0.34*	0.45*	0.14*	-0.07	0.14*	0.10†	0.17*	0.21*	0.16*	0.18*	0.12‡	0.24*	0.28*	0.22*	0.29*
2. GS Fr	0.49*	—	0.06	0.01	0.07	0.04	0.23*	-0.01	0.18*	0.12‡	0.13‡	0.15*	0.14*	0.14*	0.06	0.20*	0.25*	0.21*	0.23*
3.P App	0.30*	0.19*	—	-0.39*	0.58*	0.54*	0.37*	-0.08†	0.21*	0.20*	0.24*	0.23*	0.18*	0.14*	0.10‡	0.23*	0.24*	0.24*	0.20*
4. P Dis	-0.18*	-0.10†	-0.30*	—	-0.41*	-0.38*	-0.10†	0.36*	-0.22*	-0.27*	-0.22*	-0.23*	-0.21*	-0.15*	-0.14*	-0.15*	-0.19*	-0.20*	-0.20*
5. P. Spr	0.29*	0.23*	0.54*	-0.41*	—	0.62*	0.20*	-0.2*	0.40*	0.31*	0.20*	0.18*	0.19*	0.08	0.12‡	0.17*	0.20*	0.22*	0.16*
6. P. Leh	0.27*	0.15*	0.46*	-0.43*	0.64*	—	0.16*	-0.13*	0.21*	0.27*	0.14*	0.14*	0.14*	0.09†	0.10†	0.22*	0.19*	0.18*	0.17*
7. Fr. App	0.15*	0.29*	0.44*	-0.12‡	0.28*	0.23*	—	-0.22*	0.37*	0.37*	0.35*	0.29*	0.27*	0.04	0.06	0.20*	0.22*	0.19*	0.21*
8. Fr. Dis	-0.15*	-0.06	-0.18*	0.51*	-0.37*	-0.42*	-0.20*	—	-0.35*	-0.44*	-0.36*	-0.32*	-0.43*	-0.09†	-0.11‡	-0.08†	-0.16*	-0.14*	-0.21*
9. F. Spr	0.20*	0.24*	0.32*	-0.22*	0.67*	0.45*	0.37*	-0.48*	—	0.54*	0.36*	0.38*	0.40*	0.13‡	0.13*	0.20*	0.30*	0.26*	0.29*
10. Fr. Leh	0.16*	0.13‡	0.29*	-0.28*	0.47*	0.49*	0.38*	-0.58*	0.67*	—	0.36*	0.36*	0.39*	0.07	0.05	0.11‡	0.18*	0.17*	0.21*
11. DAS	0.22*	0.19*	0.32*	-0.18*	0.37*	0.38*	0.34*	-0.38*	0.48*	0.50*	—	0.72*	0.73*	0.12‡	0.06	0.30*	0.38*	0.36*	0.36*
12. Trust	0.20*	0.16*	0.33*	-0.23*	0.39*	0.41*	0.31*	-0.42*	0.50*	0.51*	0.75*	—	0.70*	0.21*	0.10‡	0.34*	0.42*	0.41*	0.42*
13. RAS	0.25*	0.19*	0.34*	-0.23*	0.42*	0.41*	0.29*	-0.41*	0.52*	0.51*	0.75*	0.73*	—	0.15*	0.10‡	0.30*	0.34*	0.35*	0.35*
14. CHPS	0.22*	0.17*	0.07	-0.19*	0.20*	0.19*	-0.02	-0.16*	0.19*	0.21*	0.25*	0.25*	0.25*	—	0.48*	0.58*	0.54*	0.46*	0.55*
15. SF12Ph	0.10†	0.05	0.03	-0.13‡	0.11‡	0.10†	-0.05	-0.11‡	0.11‡	0.06	0.10†	0.11‡	0.14*	0.49*	—	0.38*	0.29*	0.23*	0.29*
16. SF12M	0.27*	0.25*	0.24*	-0.17*	0.23*	0.22*	0.12‡	-0.16*	0.24*	0.22*	0.33*	0.30*	0.36*	0.59*	0.43*	—	0.73*	0.65*	0.75*
17. STAI	0.29*	0.26*	0.25*	-0.17*	0.26*	0.24*	0.17*	-0.18*	0.26*	0.27*	0.40*	0.38*	0.42*	0.59*	0.35*	0.74*	—	0.77*	0.81*
18. Per str	0.21*	0.21*	0.23*	-0.15*	0.26*	0.23*	0.14*	-0.17*	0.26*	0.27*	0.40*	0.37*	0.39*	0.48*	0.32*	0.65*	0.80*	—	0.78*
19. CESD	0.30*	0.27*	0.24*	-0.20*	0.29*	0.27*	0.14*	-0.24*	0.29*	0.33*	0.41*	0.41*	0.44*	0.62*	0.33*	0.73*	0.83*	0.76*	—

Note. Correlations for those in same-sex relationships appear above the diagonal; those for mixed-sex relationships appear below the diagonal. App = approval; CESD = Center for Epidemiological Studies Depression Scale; CHIPS = Cohen-Hoberman Inventory of Physical Symptoms; DAS = Dyadic Adjustment Scale; Dis = disapproval; GS = general support; F = family; Fr = friend; Leh = Lehmiller; M = mental; P = parent; Per = perceived; Ph = physical; RAS = Relationship Assessment Scale; SF = Short Form; STAI = State-Trait Anxiety Inventory; Spr = Sprecher; str = stress. † $p < .05$. ‡ $p < .01$. * $p < .000$.

TABLE 4 Standardized factor loadings and fit statistics for main confirmatory factor analyses for the entire sample

	Initial model	Adjusted model
<i>General support from family</i>		
Item 3 ^a	.87	.87
Item 4	.50	—
Item 8	.82	.81
Item 11	.88	.89
<i>General support from friends</i>		
Item 6 ^a	.90	.90
Item 7	.92	.92
Item 9	.87	.87
Item 12	.84	.84
<i>Support for relationship from family</i>		
Parents' approval ^a	.69	.69
Parents' disapproval	-.49	-.49
Family items, Sprecher scale	.84	.84
Family items, Lehmilller scale	.78	.78
<i>Support for relationship from friends</i>		
Friends' approval ^a	.47	.47
Friends' disapproval	-.58	-.58
Friend items, Sprecher scale	.78	.78
Friend items, Lehmilller scale	.79	.79
χ^2	1,170.90	873.29
Degrees of freedom	98	84
Comparative fit index	.91	.93
Root mean square error of approximation	.09	.09

Note. The name of each factor/latent variable is indicated in italics, with indicator variables below.

^aThe variable was set to 1 during initial model specification to allow for model identification. Numbers represent standardized factor loadings.

good fit to the data and was used as the measurement model underlying all structural models. Table 5 shows the correlations between the latent factors in this measurement model. Correlations ranged from .14 to .56, showing some overlap between factors but not so strong as to suggest they were assessing the same underlying construct.

The adjusted model revealed a good fit to the data, suggesting that the appropriate model was to separate out general social support from support for the relationship (consistent with Hypothesis 1) and support from friends versus family (consistent with Hypothesis 4). However, a stronger test of these hypotheses would be to show that this model fit the data better than theoretically plausible alternative models. Accordingly, we specified three alternative models, shown in Table 6: (a) all support measures loading onto a single overall support construct; (b) two support constructs specified, one for support for the relationship and one for general support; and (c) two support constructs specified, one for family and one for friends. As can be seen in Table 6, none of these alternative models showed an acceptable fit to the data, and each showed a significantly worse fit to the data than did the model specifying four support factors. Thus, both Hypotheses 1 and 4 were supported: General support and support for relationships were empirically separable constructs, as were support from friends versus family.

TABLE 5 Correlations between the latent variables in the adjusted confirmatory factor analysis for the entire sample

Latent variable	1	2	3	4
1. General support from family	—	.38	.48	.14
2. General support from friends		—	.14	.27
3. Support for relationship from family			—	.56
4. Support for relationship from friends				—

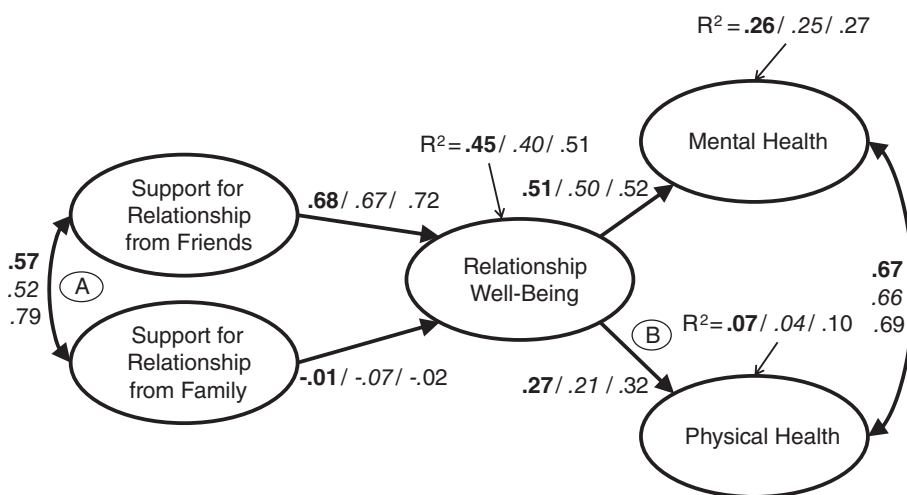
TABLE 6 Fit statistics for alternative confirmatory factor analyses for the entire sample

Model	χ^2	df	CFI	RMSEA	χ^2 diff	df	<i>p</i>
1. Four support constructs	873.29	84	.93	.09	—	—	—
2. Single support construct	2,124.37	90	.81	.13	1,251.08	6	<.001
3. General support versus support for relationship	1,827.99	88	.84	.12	954.70	4	<.001
4. Family support versus friend support	1,854.71	88	.84	.13	981.42	4	<.001

Note. CFI = comparative fit index; df = degrees of freedom; diff = difference; RMSEA = root mean square error of approximation. χ^2 diff shows increase in χ^2 value compared to Model 1.

3.3 | Structural models

An initial structural model on the full group was run, as shown in Figure 2. The model fit the data well, $\chi^2(226) = 1,060.48$, CFI = .93, RMSEA = .05 (coefficients are shown in bold in Figure 2). The model was then run separately for the two relationship groups. The model fit the data well for both those in same-sex relationships, $\chi^2(113) = 481.93$, CFI = .94, RMSEA = .07 (coefficients are shown in italics in Figure 2) and those in mixed-sex relationships, $\chi^2(113) = 578.54$, CFI = .92, RMSEA = .08 (coefficients shown in plain text in Figure 2). Furthermore, a comparison model, specifying that the model shown in Figure 2 fit both groups, but allowing the values in the model to be unconstrained (i.e., free to vary across groups), fit the data well, $\chi^2(226) = 1,060.48$, CFI = .93,

**FIGURE 2** Results from structural models without measures of general social support

Note. Standardized path coefficients are shown for the full sample (in bold), for the same-sex group (in italics), and for the mixed-sex group (in plain text). Path labeled A is significantly different across groups (see text for details). All paths are significant at $p < .001$, except for the path between support for the relationship from family and relationship well-being, which is not statistically significant in any model

RMSEA = .05. Thus, Hypothesis 5 was supported: Support for the relationship variables predicted relationship well-being, which in turn predicted mental and physical health, with relationship well-being fully mediating the association. Furthermore, the model seemed to fit the data well for both relationship groups.

This model also allowed an initial test of Research Question 2, whether support for the relationship from family or from friends would be a stronger predictor of relationship well-being. The answer was clearly support for the relationship from friends. When both variables were considered simultaneously in the model, the unique association between support for the relationship from friends and relationship well-being was strong and significant for both groups (.68 for same sex; .72 for mixed sex, $ps < .001$), whereas the unique association between support for the relationship from family was weak and nonsignificant for both groups (−.05 for same sex; .01 for mixed sex).

To conduct an initial test of Research Question 3, whether the patterns of association between variables were different across groups, comparison models were run, constraining various aspects of the model to be equal across the two groups. A model constraining means, variances, factor loadings, paths, and covariances to be equal across groups showed a significantly worse fit to the data than the unconstrained model (χ^2 increase = 419.54, $df = 36$). Given that an examination of Table 2 suggests that means and variances do differ between groups, and they were not of primary theoretical interest, these values were allowed to vary freely. Although a model constraining the factor loadings to be equal across groups did show a significantly worse fit to the data than the unconstrained model (χ^2 increase = 28.97, $df = 12$, $p = .004$), its fit to the data was still strong (CFI = .93, RMSEA = .05), and constraining factor loadings across groups is generally considered advisable to maintain group comparability in the measurement part of the model. Therefore, the structural paths and covariances shown in Figure 2 were constrained to be equal across groups, and the χ^2 of this constrained model was compared to the model with only the factor loadings constrained. It showed a significantly impaired fit (χ^2 increase = 16.21, $df = 5$, $p = .006$); however, when the path marked A in Figure 2 was allowed to vary freely, the fit of the model was no longer significantly different from the model with only factor loadings set equal (χ^2 increase = 5.40, $df = 4$, $p = .25$). These results suggest that the association between support for the relationship from friends and support for the relationship from family is significantly stronger for those in mixed-sex relationships than for those in same-sex relationships.

The next set of models added in the general support constructs (see Figure 3). Note that an assumption was made that the association between the general support factors and the health variables would be only partially mediated by relationship well-being (i.e., direct paths from the general support factors to the health factors were still included in the model). First, an overall model on the full sample was run, and it fit the data well, $\chi^2(235) = 1,308.74$, CFI = .94, RMSEA = .06 (paths shown in bold in Figure 3), providing additional support for Hypotheses 1 and 4 (i.e., that general support and support for the relationship are meaningfully distinct constructs, as are support from family vs. friends).

This model also allowed the testing of Hypotheses 2 and 3, Research Questions 1 and 2. Hypothesis 2 stated that general support and support for the relationship would each account for unique variance in the well-being variables when controlling for the other. This hypothesis was largely supported. As can be seen in Figure 3 and Table 7, each of the predictor variables had significant associations with at least some outcome variables, with the exception of support for the relationship from family, which was not significantly related to any outcome variable. Hypothesis 3 stated that the association between support for the relationship and relationship well-being would be stronger than the association between general support and relationship well-being. This hypothesis was

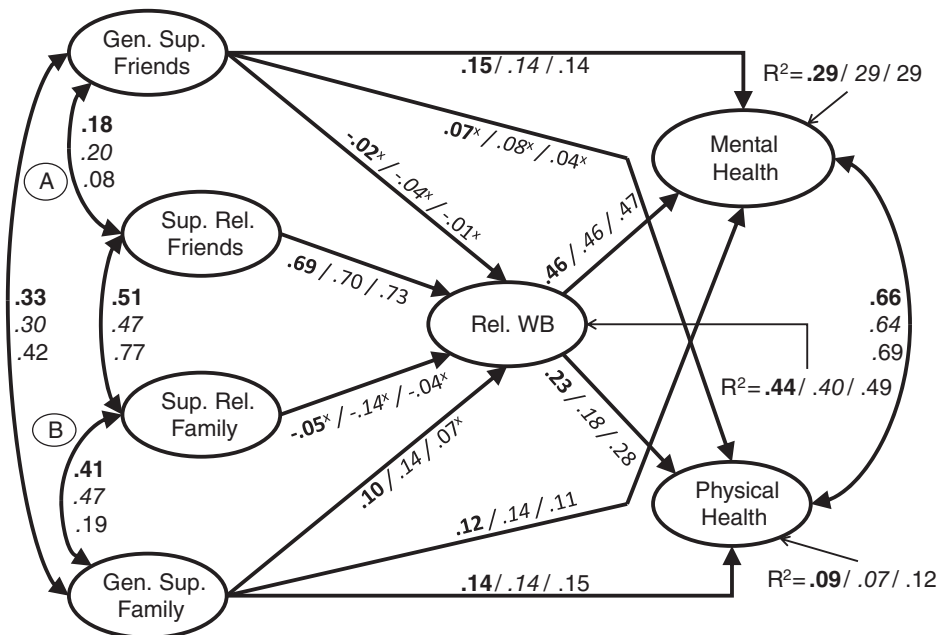


FIGURE 3 Results from structural models including measures of general social support

Note. Gen. = general; Sup. = support; Rel. = relationship. Standardized path coefficients are shown for the full sample (in bold), for the same-sex group (in italics), and for the mixed-sex group (in plain text). Path labeled A is significantly different across groups. All paths are significant at $p < .05$ or less, except for paths indicated with a superscript X, which are not statistically significant

TABLE 7 Total effects of support factors on outcome factors for the entire sample

Support factors	Relationship well-being	Physical health	Mental health
Support for relationship from family	-.03	-.01	-.01
Support for relationship from friends	.69	.16	.32
General support from family	.06	.14	.15
General support from friends	.01	.08	.15

Note. Numbers represent standardized total effects, which combine both direct effects and indirect (i.e., mediated) effects.

supported for friends but not for family (see Figure 3 and Table 7). Research Question 1 asked whether general support or support from the relationship would be a stronger predictor of mental and physical health, and Research Question 2 asked whether support from family or friends would be the better predictor of well-being outcomes. The answers here are mixed. The key point (see Table 7) is that, of the four variables, support for the relationship from friends is the strongest predictor of well-being outcomes, but support for the relationship from family is the weakest.

Finally, to address Hypothesis 6 and Research Question 3, the model shown in Figure 3 was compared across groups. First, the model was run in each group separately, and it fit the data well for both groups, same-sex group, $\chi^2(235) = 827.82$, CFI = .94, RMSEA = .06, and mixed-sex group: $\chi^2(235) = 827.28$, CFI = .94, RMSEA = .06. The comparison model leaving all paths and covariances unconstrained across groups also fit the data well, $\chi^2(470) = 1,655.11$, CFI = .94, RMSEA = .04. Again, a comparison model constraining means, variances, factor loadings, paths, and covariances to be equal across groups showed a significantly worse fit to the data than the unconstrained

model (χ^2 increase = 450.18, $df = 61$, $p < .001$). A model constraining only factor loadings to be equal fit the data significantly less well than the unconstrained model (χ^2 increase = 36.68, $df = 17$, $p = .004$) but still showed good fit to the data ($CFI = .94$, $RMSEA = .04$). Compared to the model with only factor loadings constrained to be equal, a model constraining all paths and covariances in the structural model shown in Figure 3 showed a significantly worse fit to the data (χ^2 increase = 58.66, $df = 16$, $p < .001$). However, when Path A in Figure 3 was allowed to vary between groups, the model fit the data just as well as the factor loadings-only model (χ^2 increase = 20.29, $df = 15$, $p = .16$). These results suggest that, partially consistent with Hypothesis 5, perceived general social support and support for the relationship are more strongly correlated for those in same-sex relationships than for those in mixed-sex relationships. However, this finding only applies when support comes from families, not from friends.

4 | DISCUSSION

As hypothesized, support specifically for a relationship could be readily distinguished, empirically, from a more general sense of social support. Also as anticipated, each of these constructs could be meaningfully subdivided into support from family versus support from friends. A CFA specifying four distinct support constructs fit the data far better than alternative models that collapsed across support type or network groups. The four constructs were all positively and significantly correlated but not so strongly as to suggest that any were assessing the same construct.

Although these results may seem intuitive, it is nevertheless important to confirm one's intuitions using appropriate statistical techniques. Without such confirmation, it is conceivable that all the past work that has been conducted to demonstrate that social network support specifically for relationships predicts important outcome variables has really only been replicating the very common finding that general social support predicts a wide variety of well-being outcomes.

Likewise, it is important to confirm empirically that support for a relationship from friends versus family members can be meaningfully distinguished. To our knowledge, the current study was the first to put this issue to a rigorous statistical test. Future research should further explore the key differences in support emanating from these two groups. For example, it is possible that the two network groups look for different characteristics when deciding whether to support or not support a given relationship. Family members might be looking for compatible long-term partners who would make good spouses and good parents for grandchildren (e.g., Buunk & Solano, 2010). Friends might be more focused on how smoothly the new partner integrates within existing friendship social networks. We know that social network support for a relationship predicts relationship well-being (Sinclair et al., 2014) and stability (Le et al., 2010), but we still know relatively little about the specific dynamics of when, why, and how different network members show their support.

We replicated previous findings (Blair & Holmberg, 2008) that support for the relationship predicts relationship well-being, which in turn predicts mental and physical health. These findings remind us that a well-functioning relationship is an important component of one's overall sense of well-being. Of course, our model suffers from the limitation of only being cross-sectional. We cannot know for sure if the causal flow is as outlined in our theoretical model. Different models could also be applied. However, additional analyses (details available upon request) suggest that the model as specified fits the data better than alternative models (e.g., better than the reverse model, where good physical and mental health helps one to foster a healthy relationship, which then receives support from family and friends).

Our model also extended previous research by investigating support for the relationship from family versus friends separately. When we did so, somewhat surprisingly, only support for the relationship from friends was a unique predictor of relationship well-being; support for the relationship from family did not explain any unique variance when controlling for support from friends. As can be seen in Table 3, the family support for the relationship measures did show small but significant associations with the relationship well-being measures at the bivariate level. The family support for the relationship measures were each internally consistent; they formed a coherent factor in the CFAs, and they did predict well-being somewhat at the bivariate level. However, when support from the two groups were tested in combination, only friend support was significant.

There is precedent for such findings in the literature (e.g., Etcheverry & Agnew, 2004); however, other studies show different patterns, with family support mattering more than friend support when both are included within a single model (e.g., Bryan et al., 2001). One possibility is that family support is relatively unimportant in our study because of our sample characteristics. Wright and Sinclair (2012) showed that family support (specifically, parental support) became relatively more important than friend support when their university-student participants were more dependent on their parents—not just financially dependent but interconnected with them closely in many ways. Our respondents departed from a typical university-student sample in many ways (i.e., overall mean age of 29.9 years, in long-term relationships, mostly living with their partner rather than parents). It is therefore possible that their dependence on family may have been less, and they may have been more oriented to the opinions of their peer network than would have been seen in a younger sample.¹ Further research is needed to understand the key factors that determine the circumstances under which family versus friend support matters more to participants.

Overall, the basic model as shown in Figure 2 fit the data equally well for those in mixed-sex and same-sex relationships. Mostly, the paths in the model did not differ across groups, reinforcing the very common finding that the two types of relationship are more similar than different in most respects (see, e.g., Kurdek, 2005). Only one path, labeled A in Figure 2, was significantly different across groups, indicating that support for the relationship is more weakly correlated across the two network groups for those in same-sex relationships than for those in mixed-sex relationships. This discrepancy likely reflects the fact that those in same-sex relationships still tend to experience greater disapproval for their relationships from family members than those in mixed-sex relationships (e.g., see Table 2). They may compensate for this familial disapproval by forming “chosen families” of close friends who are very supportive of their sexual orientation and relationship (Dewaele et al., 2011). These dynamics might tend to foster a larger disconnect between the opinions of family members versus friends than would be seen for those in mixed-sex relationships. Overall, however, despite this difference, the clear message is that relationship processes seem to operate in similar ways, whether those relationships are composed of two people of the same or different genders (see Kurdek, 2004, for a review of this point).

A primary goal of the study was to assess whether support specifically for the relationship would still be an important predictor of well-being outcomes when general social support was controlled. The model continued to fit the data well when general social support was added in, and support for the relationship from friends continued to be a strong and unique predictor of the well-being variables over and above general support. Its association with relationship well-being was perhaps not surprising given that it is a relationship-specific construct. However, it *is* rather surprising that the total

¹Note that we did attempt a moderational analysis by age, comparing the model shown in Figure 3 for younger (<26) versus older (26+) participants within our sample. No group differences emerged. Still, it is possible that support from parents might be more important than support from friends for still-younger samples (e.g., teens to early 20s).

effects for support for the relationship from friends were as strong as, or stronger than, the total effects for the broader general support measures (see Table 7).

Of course, this finding must be interpreted with caution. General support was measured with individual items from a single measure, whereas multiple measures were fed into the assessment of support for the relationship from friends. The latter construct may therefore have been measured more reliably, allowing underlying associations to emerge more clearly over and above error variance. In addition, much of the total effect of support for the relationship from friends consisted of indirect effects mediated through relationship well-being; if relationship well-being had not been included in the model, results would have been very different. Still, relationships researchers should be heartened by how well relationship-specific constructs hold up against broader constructs when seeking to understand global well-being. A well-functioning romantic relationship is important to overall well-being (e.g., Horowitz et al., 1998), and support for relationships may be one factor that helps to keep them well functioning.

Finally, we assessed whether the model controlling for general social support applied equally to both relationship types. Overall, it did, fitting the data well for both groups, again attesting to the overall similarities across relationship types. The only significant difference was in the path labeled A in Figure 3. Compared to those in mixed-sex relationships, those in same-sex relationships tended to see more overlap between support for their relationship and a broader sense of overall social support, consistent with Hypothesis 6. However, this finding was further qualified by source of support: This discrepancy emerged only when support emanated from their families, not their friends.

Those in same-sex relationships tend to view their sexual orientation and identity as quite central to their overall identity (Young & Meyer, 2005). Rejection of their relationship may therefore be interpreted as rejection of their sexual orientation (Holmberg & Blair, 2016) and, by extension, rejection of them as individuals, leading to strong perceived associations between relationship support and general social support. In contrast, for those in mixed-sex relationships, the more common heterosexual orientation is likely a less central part of their overall identity; they are therefore better able to separate out a lack of support for a particular relationship from a broader sense of overall social support. The fact that these dynamics apply only in the family context likely stems from the fact that those in same-sex relationships in our sample experience no less approval for their relationships from their friends than those in mixed-sex relationships; if anything, they experience slightly more (see Table 2).

4.1 | Strengths and limitations

The major limitations of our study include the self-report and cross-sectional nature of the data and limitations in our measurement of general social support. We have only our respondents' own perceptions of social network support, not reports from their network members of the level of support offered from their perspective. However, other studies have shown that perceptions of support by the support recipient are considerably more important than "actual" support reported by the support giver, when predicting the support recipient's well-being outcomes (e.g., Etcheverry, Le, & Charania, 2008).

We also have data from only a single point in time. However, other studies (e.g., Sprecher & Felmlee, 1992) have shown that support for the relationship at Time 1 is a much stronger predictor of well-being outcomes at Time 2 than vice versa, suggesting our theoretical ordering of constructs is a plausible one. Still, we do not know that our theoretical model is the "correct" one. However, it is plausible, well-supported by the data, and fits the data better than alternative models (details available upon request).

Better coverage of the general support construct (i.e., multiple measures, assessment of different types of support such as emotional vs. instrumental support) would have strengthened our study

considerably. With more extensive and nuanced coverage, general support might have emerged as a stronger predictor. Future research should replicate our findings but with a comparably complex assessment of both support constructs.

Our sample is relatively young, White, and well educated, but it is still considerably more diverse than a university sample. Strengths of the study include its large sample size, allowing for complex statistical analyses with reasonable power, and its use of inclusive research methods, representing experiences of those in both mixed-sex and same-sex relationships. The recruitment methods were both a potential strength and limitation of the study. The diverse methods of recruitment allowed us to gather a relatively large sample of participants in same-sex relationships; however, doing so required the use of targeted advertisements (e.g., advertisements in queer-friendly publications and venues; advertisements on Facebook targeted to those with nonheterosexual identities). Such techniques may not generalize to all individuals in same-sex relationships, especially those who may be less “out.” On the other hand, the online and anonymous nature of the survey may have made participating a relatively safe option for those who are less out in their daily lives.

4.2 | Conclusions and future research

In summary, we successfully demonstrated that social support specifically for the relationship forms a distinct construct from general social support. It remains a significant predictor of relationship satisfaction even when general support is controlled, and may even be a better overall predictor of well-being outcomes than general support. In our sample, support from friends was a much stronger unique predictor of well-being outcomes than support from family members. There were some minor differences in support dynamics for those in mixed-sex and same-sex relationships, but overall, the pattern of results was quite similar across groups.

Future research should do more to understand the precise dynamics of the support processes within each relationship type. We know that support for the relationship matters, but the field still needs more research to understand precisely when, why, and how support for a relationship is given, or withheld, and whether these processes are similar or different for diverse types of relationships.

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